



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

**NOTICE OF ALLOWANCE AND ISSUE FEE DUE**

HM42/0609

WILLIAM A RUDY  
LATHROP & GAGE  
2345 GRAND BLVD  
KANSAS CITY MO

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/812,865	03/06/97	005	ROBINSON, A	1616 06/09/98
First Named Applicant	TAYLOR, JOHN B			

TITLE OF INVENTION PLANT FERTILIZER COMPOSITIONS CONTAINING PHOSPHONATE AND PHOSPHATE SALTS AND DERIVATIVES THEREOF

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	424-600.000	F12	UTILITY	YES	\$660.00	09/09/98

**THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED.**

**THE ISSUE FEE MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED.**

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- A. If the status is changed, pay twice the amount of the FEE DUE shown above and notify the Patent and Trademark Office of the change in status, or
- B. If the status is the same, pay the FEE DUE shown above.

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- B. File verified statement of Small Entity Status before, or with, payment of 1/2 the FEE DUE shown above.

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III. All communications regarding this application must give application number and batch number. Please direct all communications prior to issuance to Box ISSUE FEE unless advised to the contrary.

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Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

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WILLIAM A RUDY  
LATHROP & GAGE  
2345 GRAND BLVD  
KANSAS CITY MOHM42/0609  
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JUN 12 1998

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Chalynda M. Ragan

(Depositor's name)

Chalynda M. Ragan

(Signature)

6/12/98

(Date)

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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lathrop &amp; Gage LC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Foliar Nutrients, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Cairo, Georgia

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Advance Order - # of Copies

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(Authorized Signature)

(Date)

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